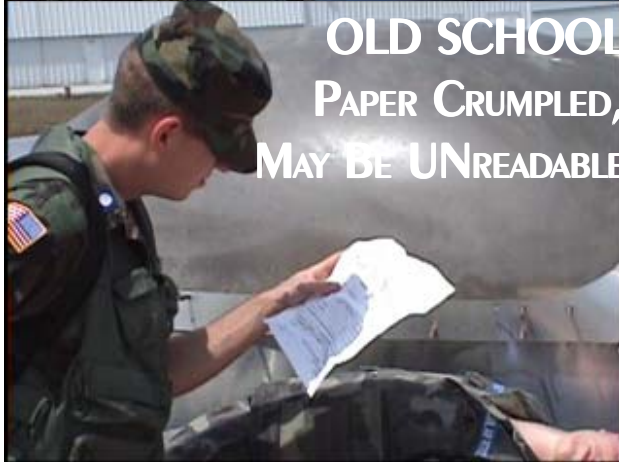




QUICK

**WHEN A MEMBER IS DOWN
RESPONSE MAY SAVE A LIFE!**



**OLD SCHOOL
PAPER CRUMPLED,
MAY BE UNREADABLE**



THE NEW NATIONAL CAPF 60



**Info MAY REQUIRE
INTERPRETATION BEFORE A
Decision is Made.**



THE NEW CAPF 60 LAMINATED/WALLET SIZED .

EASY TO CARRY!

PROTECTED FROM SMEARS/SMUDGES!

ALL Medical DATA ON SAME Side!

Provides INFORMATION

IMMEDIATELY TO Med-TECHs!

POSITIVE PHOTO ID!

**All PERSONAL INFORMATION ON ONE
Side!**

EMERGENCY MEDICAL & NOTIFICATION DATA



NAME: DOE, JOHN J., MAJ. CAP
ADDRESS: 1234 ANY ST.
CITY: MY TOWN STATE: FL ZIP: 12345-6789
EMAIL: MYEMAIL@MDC.GBN
BLOOD TYPE: AB+
ALLERGIES: NKA [NO KNOWN ALLERGIES]
MEDICATIONS: LIPITOR, ASPIRIN
SWIMMER: YES OR NO

OTHER MEDICAL DATA:



PERSONS TO NOTIFY IN CASE OF EMERGENCY

NAME: DOE, JANE J.
ADDRESS: 1234 ANY ST. CITY: MY TOWN STATE: FL ZIP: 12345-6789
DAY PHONE: 1-234-567-8900 NIGHTS: 1-234-678-9001 CELL: 1-234-555-1234
RELATIONSHIP: SPOUSE

PHYSICIAN'S NAME: DR. JOSEPH HARDNOSE, MD
ADDRESS: 1234 HIS ST. CITY: HIS TOWN STATE: FL ZIP: 12375-6789
OFFICE PHONE: 1-234-567-8890 CELL: 1-555-124-3423

CAP UNIT NAME: MY TOWN CADET SQDN CITY: MY TOWN ZIP: 12345-6889
UNIT COMMANDER: DOE, CHARLES RANK: LT. COL. PHONE 1-234-559-3117
UNIT LOCATION: 123 MY MAIN ST. CITY: MY TOWN ZIP: 33981-3456